

CHARGE OF EMPLOYMENT DISCRIMINATION

If you have a complaint, fill in this form and mail it to the Nebraska Equal Opportunity Commission, Lincoln, Nebr. as soon as possible. IT MUST BE MAILED WITHIN 180 DAYS AFTER THE DISCRIMINATORY ACT TOOK PLACE. SEE ADDRESS ON BACK PAGE.

This form is to be used only to file a charge of discrimination based on RACE, COLOR, RELIGION, SEX, DISABILITY, NATIONAL ORIGIN, or AGE (40 to 65 years).

Case File No.....

(PLEASE PRINT OR TYPE)

1 Your Name..... Phone Number.....
Street Address.....
City..... State..... Zip Code.....

2 WAS THE DISCRIMINATION BECAUSE OF: (Please check one)

Race or Color ☐ Religion ☐ National Origin ☐ Sex ☐ Age ☐ Disability ☐

3 Who discriminated against you? Give the name and address of the employer, labor organization, employment agency and/or apprenticeship committee. If more than one, list all.

Name.....
Street Address.....
City..... State..... Zip Code.....

AND (other parties if any)

4 Have you filed this charge with another state or local government agency? Yes ☐ No ☐

If so, name of agency and date filed with agency.....

the most recent date on which this discrimination took place: Month.....Day.....Year.....

6 Explain what unfair thing was done to you:

7 I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Data.....

(Sign your name)

Subscribed and sworn to before me this..... day of..... 197.....

.....
(Name)

.....
(b)(5)

5

My Commission Expires.....

If it is difficult for you to get a Notary Public to notarize this, sign your own name and mail to the Nebraska Equal Opportunity Commission, 233 South 14th Street, Lincoln, Nebraska 68508. The Commission will help you to get the form sworn to.

WITHDRAWAL REQUEST FORM

Complainant _____

Case Number _____

V.

Respondent _____

I, (We) _____, the Charging Party (parties)
in the above entitled case hereby request withdrawal of my (our) charge (s).

Neither the Respondent, or any other person has threatened, attacked, intimidated, or inflicted bodily harm upon me, as a result of the filing of this charge. I am aware that the Nebraska State government protects my right to file a complaint.

I have been advised that it is unlawful for any person covered by the Nebraska State Protective Laws, i.e., (1) Fair Employment Practice Act of the State of Nebraska; (2) Nebraska Civil Rights Act of 1969; (3) Equal Pay Act of Nebraska (4) Act Prohibiting Unjust Discrimination in Employment Because of Age (as applicable) to discriminate against me because I have filed a charge, acted as a witness, or assisted a Field Representative of the Nebraska Equal Opportunity Commission.

I have been advised that I have the right to file my charge also with the Equal Employment Opportunity Commission and my local municipality within the State of Nebraska and any other appropriate governmental unit.

I have fully discussed my reasons (below) for withdrawal with the assigned Nebraska Equal Opportunity Commission investigator and was to my satisfaction advised of my rights under the law.

The reason for my withdrawal is _____

I hereby certify that I have fully explained the law to above named person.

Signature _____

Date _____

Field Investigator _____

Date _____

8 NOTE: Attach as exhibit to Short Form F.I.R.
LRM/sls

7/15/74